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PTO/SB/81 (02-01)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number

Filing Date

First Named Inventor

Title

LUMBER TRIMMER

Group Art Unit

Examiner Name

Attorney Docket Number

I hereby appoint:

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36369

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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Paul L. Halper

Signature

Date

September 26, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ Total of 3 forms are submitted.

Burdens Hour Statement: This form is estimated to take 3 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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First Named Inventor	
Title	LUMBER TRIMMER
Group Art Unit	
Examiner Name	
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☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name

Doane R. Henderson

Signature

Date

September 26, 2001

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Application Number	
Filing Date	
First Named Inventor	
Title	LUMBER TRIMMER
Group Art Unit	
Examiner Name	
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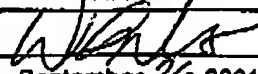
Fax

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	William R. Newnes
Signature	
Date	September 26, 2001

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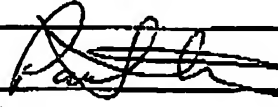
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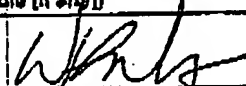
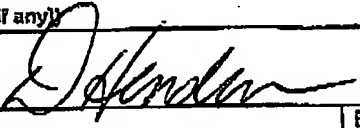
DECLARATION	ADDITIONAL INVENTOR(S) Supplemental Sheet Page 3 of 3
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Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Paul L.		Halper	
Inventor's Signature 		Date 26 SEPT 01	
Residence: City	State	Country	Citizenship
Salmon Arm	British Columbia	Canada	Canadian
P.O. BOX 8, 3550 - 45th Street SE			
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Salmon Arm	British Columbia	V1E 4N2	Canada
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	ZIP	Country

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DECLARATION — Utility or Design Patent Application

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Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
William R.			Newnes		
Inventor's Signature				Date	
Sept 26, 2001					
Salmon Arm		British Columbia		Canada	
Residence: City		State		Country	
P.O. BOX 8, 3550 - 45th Street SE					
Mailing Address					
Salmon Arm		British Columbia		Canada	
City		State		Country	
V1E 4N2					
ZIP					
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))			Family Name or Surname		
Deane R.			Henderson		
Inventor's Signature				Date	
Sept 26/01					
Salmon Arm		British Columbia		Canada	
Residence: City		State		Country	
P.O. BOX 8, 3550 - 45th Street SE					
Mailing Address					
Salmon Arm		British Columbia		Canada	
City		State		Country	
V1E 4N2					
ZIP					
<input checked="" type="checkbox"/> Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

(Page 2 of 3)

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">Attorney Docket Number</td> <td></td> </tr> <tr> <td>First Named Inventor</td> <td>William R. Newnes</td> </tr> <tr> <td colspan="2" style="text-align: center;">COMPLETE IF KNOWN</td> </tr> <tr> <td>Application Number</td> <td>/</td> </tr> <tr> <td>Filing Date</td> <td></td> </tr> <tr> <td>Group Art Unit</td> <td></td> </tr> <tr> <td>Examiner Name</td> <td></td> </tr> </table>	Attorney Docket Number		First Named Inventor	William R. Newnes	COMPLETE IF KNOWN		Application Number	/	Filing Date		Group Art Unit		Examiner Name	
Attorney Docket Number															
First Named Inventor	William R. Newnes														
COMPLETE IF KNOWN															
Application Number	/														
Filing Date															
Group Art Unit															
Examiner Name															

☒ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.18 (e)) required)

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

LUMBER TRIMMER

(Title of the invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY) as United States Application Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 3]

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